



1997 ECONOMIC CENSUS

CIVIC, SOCIAL AND OTHER MEMBERSHIP ORGANIZATION

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

SV-8600

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS

a. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

- 003 1 Individual ownership (sole proprietorship)
2 Partnership - Mark (X) this box if you file a partnership Federal income tax form
5 Government - Mark (X) this box if the establishment is operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected
0 Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns
9 Other - Specify

b. TAX STATUS

(1) Is this establishment operated on a not-for-profit basis?

- 005 1 Yes
2 No - Skip to item 5

(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501, 521, 527, or 528 of the Internal Revenue Code?

- 004 1 Yes
2 No

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

• Preferred
Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 5. DOLLAR VOLUME

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

a. OPERATING RECEIPTS of this (taxable) establishment in 1997

010

b. REVENUE AND EXPENSES of this (tax-exempt) establishment in 1997

010

(1) REVENUE

040

(2) EXPENSES (including payroll)

Item 6. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

030

b. First quarter (January-March)

031

Item 7. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Number

032

SV

Item 8. KIND OF ACTIVITY OR OPERATION

Mark (X) the ONE box which best describes this facility or its primary activity in 1997.

070

Civic and social associations

- Civic, social, or fraternal association with restaurants and bars (e.g. alumni associations, community membership clubs, etc., excluding scouting and related youth development organizations) 8641101
- Civic, social, or fraternal association without restaurants and bars (e.g., alumni associations, community membership clubs, etc., excluding scouting and related youth development organizations) 8641201
- Fraternity or sorority boarding house 7041202
- Farm grange with restaurants and bars 8699201
- Farm grange without restaurants and bars 8699301
- Bar (open to the public) 5813001
- Restaurant (open to the public) 5812001
- Hotel operated by membership organization:
 - With rooms open to the general public 7011602
 - With rooms limited to members only 7041101
- Lodging house operated by membership organization:
 - With rooms open to the general public 7021002
 - With rooms limited to members only 7041201
- Scouting organization or similar youth development organization 8641401
- Home owners and condominium association (not providing property management) 8641301
- Condominium or cooperative owners association (engaged in property management) 6531501

Business and professional membership associations

- Business association 8611001
- Farm bureau 8699401
- Professional membership organization (persons organized to advance the interests of their profession) 8621001

Labor, political, and religious organizations

- Labor union and similar labor organization 8631001
- Political organization 8651001
- American Indian and Alaska native tribal governing council 9131001
- Religious organization (for worship, religious training or study, or administration of an organized religion) 8661001

Other membership organizations

- Humane society 8699101
- Automobile enthusiast club 8699901
- Motor club (providing roadside assistance and other travel related services) 8699501
- Convention bureau, visitors' bureau, or tourist information service 7389061
- Economic/industrial development organization 8748501
- Membership sports or recreation club
 - With facilities 7997204
 - Without facilities 7997303
- Other membership organization – Describe 7777774

Grantmaking, giving, and advocacy

- Grantmaking or giving organization **not** directly providing social services – Describe 7777775

- Advocacy group – Describe cause or belief promoted 7777776

- Other kind of activity or operation – Describe 7777777

Item 9. SOURCES OF RECEIPTS OR REVENUE

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do **not** combine data for two or more receipts or revenue lines.

NOTE – Both taxable and tax-exempt establishments should complete **all** applicable lines

Line d – Advertising revenue should be reported on line e. Royalties should be reported on line l.

Line e – Include amounts received for advertising in membership or organization publications, whether they are printed in-house or by another firm.

Line i – Include receipts for services to nonmembers.

Sources of receipts or revenue	Cen- sus use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
	400	401		
a. Membership dues and fees	3450			
b. Fees from seminars, conventions, conferences, etc.	7150			
c. Condominium and home owners association fees and assessments	7170			
d. Sales of publications and related materials (not included in membership dues and fees)	7200			
e. Sales of advertising	7250			
f. Sales of meals and nonalcoholic beverages	8501			
g. Sales of alcoholic beverages	8502			
h. Sales of other merchandise	8641			
i. All other receipts – Describe if more than 10 percent of total receipts or revenue. <small>076</small>	8984			
j. OPERATING RECEIPTS – For taxable establishments, sum of lines a through i should equal item 5a	8990			
k. Contributions, gifts, grants				
(1) Governmental	9000			
(2) Private (including individuals, community efforts, and commissioned fundraisers)	9050			
l. Investment income, including interest and dividends, and royalties	9100			
m. All other revenue – e.g., dividends, rents, interest (Do not include income from the sale of investments) – Describe if more than 10 percent of total receipts or revenue. <small>077</small>	9512			
n. TOTAL REVENUE – For tax-exempt establishments, sum of lines a through i and k through m should equal item 5b(1)	9990			

Item 10. TRANSFERRED CONTRIBUTIONS OF TAX-EXEMPT ESTABLISHMENTS

(To be completed only by those indicating "YES" in item 4b (2))

- a. During 1997, were any funds raised by this establishment and subsequently transferred to charities or other organizations for charitable purposes?** 410
 - 1 Yes
 - 2 No – Skip to item 11

b. What was the amount of such transferred funds?	Mil.	Thou.	Dol.
	<small>411</small>		

- c. Are these contributions included in " Expenses," item 5b(2)?** 412
 - 1 Yes
 - 2 No

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

NOTE – A chapter of the organization is **not** considered owned or controlled by another level of the organization, unless that level (i.e., national, regional, or State) controls the day-to-day operations of the local chapter. Refer to instructions for additional definitions of ownership and control.

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
- 2 No – Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

	Name	Number and street	City	State	ZIP Code	Kind-of-business description	1997	Mil.	Thou.	Dol.	
							Receipts or revenue				
1							081				
							082				
	Paid employees for pay period including March 12						083				
	Census use ⁰⁸⁸										
2							081				
							082				
	Paid employees for pay period including March 12						083				
	Census use ⁰⁸⁸										
3							081				
							082				
	Paid employees for pay period including March 12						083				
	Census use ⁰⁸⁸										

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – Print or type		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

SV